STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
& PUBLIC FACILITIES

CLAIM FOR FIXED MOVING EXPENSES AND DISLOCATION ALLOWANCE (RESIDENTIAL)

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Claim must be filed within 18 months after move is complete or claimant receives final payment for acquisition of the property, whichever is later. Relocation payments are not considered income for the purposes of state or federal income tax, personal or corporate (see 49 CFR 24.209 and AS 34.60.110).

PLEASE PRINT OR TYPE INFORMATION

Name of Claimant: _____

Address moved from: _____

Address moved to: _____

Claimant's Phone Number: _____ **Date of Move:** _____

Number of Rooms: _____ ☐ Unfurnished ☐ Furnished

NOTE: Room count must be confirmed by the Right-of-Way Agent before moving. "Counted rooms" means space in a dwelling unit that contains the usual amount of household furniture, equipment, and personal property. It includes such space as a recreation room, living room, library, study, dining room, kitchen, laundry room, basement, bedroom, and garage. Rooms or storage areas that contain substantial amounts of personal property equivalent to one or more rooms may be counted as additional rooms.

Amount of Claim: (See Page 2 for appropriate schedule): $_____

I hereby certify that the foregoing claim is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the claim has been paid.

I further certify that I am a/an (check one):

☐ citizen of the U.S. ☐ alien lawfully present in the U.S.

There are _____ other family members who reside with me, as follows:

_____ are citizens of the U.S.

_____ are aliens lawfully present in the U.S.

_____ are aliens not lawfully present in the U.S.

Date of Claim: _____ **Claimant's Signature:** _____

WORKSHEET FOR FIXED RESIDENTIAL MOVING COSTS

See Note (pg. 1) defining "counted rooms" and Alaska Right-of-Way Manual Ch. 7 for further guidance.

UNFURNISHED DWELLING WHERE RELOCATEE OWNS FURNITURE Effective 26 August 2021	
1 room	$850
2 rooms	$1,100
3 rooms	$1,350
4 rooms	$1,625
5 rooms	$1,875
6 rooms	$2,075
7 rooms	$2,300
8 rooms	$2,500
Each additional room: _____ rooms at $350 each:	$_____
TOTAL $_____	**(Insert as Amount of Claim on Page 1)**

SLEEPING ROOMS & FURNISHED DWELLING WHERE RELOCATEE DOES NOT OWN FURNITURE Effective 26 August 2021	
1 room	$600
2 rooms	$850
3 rooms	$1,100
4 rooms	$1,350
5 rooms	$1,600
6 rooms	$1,850
7 rooms	$2,100
8 rooms	$2,350
Each additional room: _____ rooms at $250 each:	$_____
TOTAL $_____	**(Insert as Amount of Claim on Page 1)**

MOBILE HOMES AND HOUSE TRAILERS
Use the appropriate schedule for furnished or unfurnished dwellings.

INSPECTION REPORTS

Inspection of the subject property was made on _____, 2____, and a reasonable room count of _____ rooms was determined.

Date of Claim: _____ **Right-of-Way Agent's Signature:** _____

Reinspection of the subject property was made on _____, 2____, and the property was found vacant. Payment of the above amount is recommended.

Date of Claim: _____ **Right-of-Way Agent's Signature:** _____